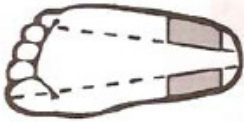# Utah Newborn Screening
SEE BACK FOR BLOOD SPOT COVER

SECOND SCREEN:
General Instructions

Collect specimen after 7 days of life.

COLLECTION INSTRUCTIONS

1. Legibly print ALL information in spaces provided using block capital letters.
2. Collect specimen with heel stick. See newborn screening handbook for detailed instructions.
3. Fill all 7 circles.
4. Dry 3-4 hours before mailing.

COLLECT SAMPLE FROM SHADED AREA.

Mailing Instructions:

1. When blood is dry, fold stock card (from back of form) over blood spots and reveal a biohazard symbol. The flap should enclose the blood spots.
2. If using the postal service, place form with blood spots covered into envelope.

Mail to:
Newborn Screening Laboratory
Utah Department of Health
46 N Medical Dr
Salt Lake City UT 84113-9903

For more information, call, refer to your handbook or visit our website:
http://www.health.utah.gov/newbornscreening/HCP_Instructions.htm

Retain this sheet for your records.

XXXXXXX I.D. Number

↓ PEEL AWAY THIS PART HERE ↓

2

FOR UDOH LAB ONLY - DO NOT MARK

XXXXXXX

FOR UDOH LAB ONLY - DO NOT MARK

XXXXXXX

FOR UDOH LAB ONLY - DO NOT MARK

XXXXXXX

UTAH DEPARTMENT OF HEALTH
SECOND NEWBORN SCREENING FORM
BLOCK PRINT ALL CAPITALS - COMPLETE ENTIRE FORM

FORM EXPIRES DECEMBER 2007   01-02-2007
Sample collection date MM/DD/YYYY

Medical Record Number   JOHN   ● M ○ F
SMITH   Baby's first name
Baby's last name

YOUR HOSP   01-01-2007
Birthplace/Hospital   Baby's Birthdate MM/DD/YYYY

● Breast   ○ Adopted   ○ Transfusion date   3520
○ Bottle   ○ Premature/sick   Birthweight (gms)

SMITH   JANE
Mother's legal last name   Mother's legal first name

DOE
Mother's maiden name

44 N MEDICAL DR
Mother's mailing address

SLC   UT 84114
City   State Zip

01-02-1986   801 584 8256
Mother's Birthdate MM/DD/YYYY   Mother's Area Code & phone

JIM JONES
Baby's Medical Home: Doctor's Name / Clinic's Name

1234 S MEDICAL DR
Baby's Medical Home: Doctor's / Clinic's Address

SLC   UT 84104
City   State Zip

801-584-8256
Baby's Medical Home: Doctor's / Clinic's Area Code & Phone

RECALL SCREEN MARK ONLY IF INSTRUCTED

○ Unacceptable 1st/2nd   ○ Positive

BELOW FOR UDOH LAB ONLY - DO NOT MARK

Sample Unacceptable ▶ ○

Fill all 7 circles with blood. The top two blood spots are sent off-site and MUST be filled *in addition* to the five below.

FOR UDOH LAB ONLY: Do not mark *or place labels* in any of these areas.

Sample Collection Date: Results are based on age of blood and cannot be processed without date.

Birthdate: Results are based on baby's age and cannot be processed without birth date.

Birth Weight: Results are based on birth weight and cannot be processed without it.

Medical Home Information: Who is called in case of an abnormal screen and where to send results.

Recall Screen Box: Mark only if instructed by program staff. This is used if another specimen is needed because of specimen being unacceptable or abnormal.

Kit ID Number: Used to identify child.

Note Expiration Date: Form CANNOT be used after this date.

Mark all that apply

Write date of Transfusion

Mother's Information*: This is used to identify the baby and mother, and to contact mother if there is a problem.

Used by UDOH lab to mark a specimen unacceptable.

* If baby is adopted, write *adoptive family information*, or adoption agency and contact person. We must be able to identify and connect the information from the second screen with the first screen.